



## Philippine Nurses Association of New Jersey, Inc.

### EXECUTIVE BOARD 2024-2026

#### NOMINATION FORM

I wish to nominate \_\_\_\_\_ for the position of:

Please check one:

☐ PNANJ Chapter: \_\_\_\_\_

☐ Subchapter: \_\_\_\_\_

Please check one:

\_\_\_President

\_\_\_President-Elect

\_\_\_Vice President

\_\_\_Treasurer

\_\_\_Auditor

\_\_\_Secretary

\_\_\_PRO

\_\_\_Board of Director

Name of Nominator: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### CONSENT TO SERVE

I, (Nominee) \_\_\_\_\_ accept the nomination for the office of \_\_\_\_\_. My signature attests my willingness to serve the Philippine Nurses Association of New Jersey, Inc. I pledge to fulfill the duties of this office as specified in the Bylaws, to the best of my abilities without mental reservations. I also understand that without this written consent, my nomination is considered null and void. I also understand that I will make every effort to be present during the Induction of Officers during which the results of the election will be announced.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### POSITION STATEMENT

Write your Position Statement no more than 200 words.